FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90037 038 ***150.00

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DOCUMENT # P98000043250

1. Corporation Name

COSMETIC SURGERY CENTER OF S. FLORIDA, INC.

Principal Place of Business	Mailing Address
621 NW 53 ST., STE. 255 BOCA RATON FL 33487	621 NW 53 ST., STE. 255 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/11/1998

4. FEI Number 65-0833401	Applied For / Not Applicable
5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

	2. Principal Place of Business		2a. Mailing Address
21	935 Intracoastal Dr.	26	935 Intracoastal Dr.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State Ft. Lauderdale, FL	28	City & State Ft. Lauderdale, FL
24	Zip 33304 25 Country Broward	29 Zip 33304 30	Country Broward

9. Name and Address of Current Registered Agent

GORAY, GERALD A
621 NW 53 ST., STE. 255
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name	Lee Abramsohn
82 Street Address (P.O. Box Number is Not Acceptable)	935 Intracoastal Drive
83	
84 City Ft. Lauderdale FL	85 Zip Code 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _(signature)_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1-26-99

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	Director/President/Treasurer	☒ Change ☐ Addition
NAME	GORAY, GERALD A		1.2 NAME		
STREET ADDRESS	621 NW 53 ST., STE. 255		1.3 STREET ADDRESS	935 Intracoastal Drive	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME			3.2 NAME	LEE ABRAMSOHN	
STREET ADDRESS			3.3 STREET ADDRESS	935 INTRACOASTAL DRIVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   1-26-99   954/561-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #